

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR BENEFICIARY CHOICES

February 3, 2005

Memorandum To: Selected Part D Sponsors

Subject: Compliance in Providing Appropriate Contacts for Providers

From: Gary Bailey, Deputy Director, Center for Beneficiary Choices

On January 27, 2006, we sent to your organization a memo about indications of your organization's provider call center numbers not being in full compliance with our requirements. That memo included a chart of the provider and beneficiary call center requirements. We have revised the beneficiary call center requirements from 7 days a week, 24 hours a day, to 7 days a week, from 8 am to 8 pm according to the time zone for the regions in which your organization operates Medicare Part D plans. We expect your organization to move toward implementing these beneficiary call center hours as soon as possible. Please find attached the updated chart of call center requirements.

Attachment I

Key Part D Contacts in HPMS: Purpose and CMS Requirements

Contact Field in HPMS	Plan or Contract Specific	Purpose & Audience for Number	Requirements
customer service contact for prospective members – Part D	plan	<p>Plan should only use this Part D number if different from customer service contact for prospective members</p> <p>For public use:</p> <ul style="list-style-type: none"> - Medicare Handbook - Summary of Benefits - Website - 1-800-Medicare 	<p>Part D sponsor operates a toll free call center covering at least the entire service area under plan. Call center operates 7 days a week, from 8 am to 8 pm according to the time zone for the regions in which it operates. Provides thorough information about benefit, including co-payments, deductibles, and network pharmacies.</p> <p>Call center has explicit process for handling customer complaints.</p> <p>Call center provides service to non-English speaking and hearing impaired beneficiaries.</p> <p>Call center meets the following operating standards:</p> <ul style="list-style-type: none"> - 80 percent incoming calls must be answered w/in 30 seconds. - Abandonment rate of all incoming calls not to exceed 5 percent.
customer service contact for current members – Part D	plan	<p>Plan should only use this Part D number if different from customer service contact for prospective members</p> <p>For public use:</p> <ul style="list-style-type: none"> - Summary of Benefits - Website -1-800-Medicare 	<p>Same as above</p> <p>Also, responds to inquiries about claims processing, benefit coverage, claims submission, claims payment. Provides daily access to current TrOOP status.</p>
pharmacy technical help desk contact	contract	Primarily for pharmacist use to address issues at POS on transition, emergency fill and other formulary issues	<p>Part D sponsor operates a toll free call center to respond to inquiries from pharmacies and providers regarding the applicant's Medicare prescription drug benefit. Inquiries will concern such operational areas as claims processing, benefit coverage, claims submission and claims payment. The hours of operation cover the entire period when pharmacies in the plan's service area are open, which includes 24 hours a day and seven days a week if there are pharmacies in the network open for this period.</p> <p>Call center meets the following operating standards:</p> <ul style="list-style-type: none"> - 80 percent incoming calls must be answered w/in 30 seconds. - Abandonment rate of all incoming calls not to exceed 5 percent.
Part D exceptions	contract	Primarily for physicians to	Part D sponsor operates a toll free call center to respond to physicians and other providers

Contact Field in HPMS	Plan or Contract Specific	Purpose & Audience for Number	Requirements
contact		conduct an exceptions request for prior authorization, tier exceptions, off formulary exceptions.	<p>during normal business hours, but not less than 8 am to 6 pm for time zones in which for time zones in which sponsor offers a plan. Voicemail can be used provided that the following information is provided:</p> <ul style="list-style-type: none"> -Indicates the voice mail is secure. -Lists information that must be provided so that the case can be worked (e.g., provider identification, beneficiary identification, exception being requested, whether an expedited exception is being requested). -Articulates and follows a process for resolution with in 1 calendar day of call for expedited exceptions. -Provides and follows a process for immediate access in situations where an enrollee’s life or health is in serious jeopardy.
Part D appeals contact	contract	Primarily for physicians to conduct an appeals request	<p>Part D sponsor operates a toll free call center to respond to physicians and other providers during normal business hours, but not less than 8 am to 6 pm for time zones in which sponsor offers a plan. Voicemail can be used provided that the following information is provided:</p> <ul style="list-style-type: none"> -Indicates the voice mail is secure. -Lists information that must be provided so that the case can be worked (e.g., provider identification, beneficiary identification, exception being requested, whether an expedited exception is being requested). -Articulates and follows a process for resolution within 3 calendar days of call for expedited appeals. -Provides and follows a process for immediate access in situations where an enrollee’s life or health is in serious jeopardy.